

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718204 (1)

1. Corporation Name

LAKE COMO WATER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**PALMER STREET
P.O. BOX 102
LAKE COMO FL 32157-0102**

**PALMER STREET
P.O. BOX 102
LAKE COMO FL 32157-0102**

3. Date Incorporated or Qualified **03/17/1970** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FET Number **59-1399304** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES, MIKE
2331 HWY 17 SOUTH
CRESCENT CITY FL 32112**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the title, if applicable

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIO, ANGELO C	1.2 NAME	
STREET ADDRESS	CORNER LAKE & LEE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREAT, ROBERT	2.2 NAME	
STREET ADDRESS	PRIOR STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTHIAUME, JOSEPH	3.2 NAME	
STREET ADDRESS	CHEROKEE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, VERNON	4.2 NAME	
STREET ADDRESS	OLD 17	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES D.	5.2 NAME	
STREET ADDRESS	LAKE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACK, DANNY	6.2 NAME	
STREET ADDRESS	EUCLID AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny P. Stack (typed name)

3-11-96 904-649-0903
Date: Phone:

CR2E037 (12/95)